

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Haitao Wu, et al.
Patent No. 6,995,260 Confirmation No.: 7346
Issued: February 7, 2006 Attorney Docket No.: BSA 04-02
Serial No.: 10/848,741
Filed: May 20, 2004
For: Carboranylporphyrins and Uses Thereof

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Correction of Patent Fees for Error Attributable to Applicants and to Office

It is noted that the following errors were made in the payment of application fees in the referenced patent case:

Fee Transmittal as Filed:

On the date of filing, the applicants noted that the following amount was to be charged to Deposit Account 02-3977:

Utility Filing Fee	\$385
27 total claims (7 excess X \$9)	\$ 63
Total	\$415

Office Fee Calculation (see attached forms from PAIR):

Utility Filing Fee	\$385
39 total claims (19 excess X \$9)	\$171
Multiple Dependent Claims	\$145
Total	\$701 Charged to Deposit Account 7/21/04

Correct calculation based on application as filed:

Utility Filing Fee	\$385
39 total claims (19 excess X \$9)	\$171
7 Independent Claims (4 excess X \$43)	\$172
Multiple Dependent Claims	\$145
Total	\$873

Filing Deficiency owed by Applicant**\$172**

Fees owed upon Amendment (Amendment mailed 3/3/2005)

Independent Claims:	8	5 excess
<u>Minus Previously Paid:</u>		<u>-4</u>
Independent Claims not Paid:		1 (X \$43@)
Total Claims remaining:	42	
<u>Minus Previously Paid:</u>	<u>-39</u>	
Claims not paid:	3 (X \$9@)	

Claims after Amendment Deficiency Owed:	3 X \$9 = \$27
	1 X \$43 = \$43
<u>Total</u>	<u>\$70</u>

Total filing and after amendment fees owed:

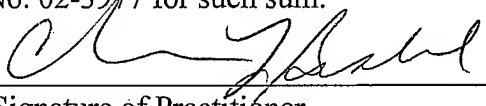
\$172.00
\$ 70.00
\$242.00

The practitioner hereby avers that Applicants' payment errors were made without deceptive intent and request their excusal.

Please charge Deposit Account No. 02-3977 the amount of \$242.00 which is the calculated fee due. If any additional fees are due or any overpayment has been made, please charge or credit Deposit Account No. 02-3977 for such sum.

Date: April 11, 2007

Registration No.: 45,772
Telephone No.: (631) 344-7134



Signature of Practitioner

Christine L. Brakel
Brookhaven National Laboratory
Office of Intellectual Property & Sponsored
Research
PO Box 5000 – Bldg. 475D
Upton, New York 11973-5000

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10848741

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	27	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20 = *	15
INDEPENDENT CLAIMS	11 minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
XS 9=	174
X43=	
+145=	145
TOTAL	701

RATE	FEE
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
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9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		3				
18		1				
19		1				
20		1				
21		3				
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TOTAL IND.	1					
TOTAL DEP.	38					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

05/21/2004 DTESSEM1 00000041 023977 10848741

01 FC:2001	385.00 DA
02 FC:2202	171.00 DA
03 FC:2203	145.00 DA

PTO-1556
(5/87)